

Agency delivering service: _____	Agency ID # _____
Address: _____	
City: _____	State: ____ Zip: _____
Contact person: _____	Phone: (____) _____

DEFINITIONS OF SERVICE UNITS

<u>SERVICE</u>	<u>UNIT OF SERVICE</u> *
Personal Care	1 Hour
Homemaker	1 Hour
Chore	1 Hour
Supervision (vigilance or task related)	1 Hour
Companionship / Friendly Visitor	1 Hour
Adult Day Care / Adult Day Health.....	1 Hour
Institutional/Residential	1 Day (24 hour)
Case Management	1 Hour
Support Groups	1 Hour
Dementia Assessment	1 Assessment
Assisted Transportation	1 One Way Trip
Transportation	1 One Way Trip
Legal Assistance	1 Hour
Home Health	1 Hour

* Record unit to nearest whole unit (i.e., round up to the nearest unit)

SOURCES OF PAYMENT

Record funding from all sources used.

- (A) **ADDGS** (this includes funds through the Demonstration)
- (B) **Other** Sources (this refers to all sources of payment besides or in addition to demonstration funds or family contributions)
- (C) **Family** Contributions (include any payments or co-pays made by family members)